

State of Connecticut Department of Public Safety Division of State Police

STATE POLICE	DPS-90-C (Rev. 04/'03) C	RIMIN	AL INFOR	RMATION	SUMMARY	□ A	DDITION	AL PAGES	
ROOP / UNIT: SLFU OTHER INVOLVED AGENCY: NO YES,									
DATE: 7/22/05		INVESTIGATING TROOPER / OFFICE Special Licensing & Firearms Un			DPS CASE NUMBER: DPS05-015843				
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):									
Troop D, Danielson									
SUMMARY OF INCIDENT OR AFFIDAVIT:   ARREST MADE UNDER INVESTIGATION  Below listed subject had support and bigger and bigg									
Below listed subject had surrendered himself on active arrest warrant held by Special Licensing and Firearms Unit.									
Subject was arrested after an investigation revealed that during the month of January 2005, he had forged training records									
to get applicants approved as certified security officers by the State of Connecticut.									
VICTIM:(DO NOT II	DENTIFY ANY JUVENILE I	BY NAME O	R ADDRESS - IF JU	VENILE, WRITE "J	UVENILE" IN THE NAME I	TELD &	"AGE" IN D	OB FIELD)	
NAME / BUSINESS / AGENCY:  M F			RESS: (TOWN/CIT	JUVE		NILE:	INJURED:		
State of CT			1 Country Ch	etown, CT	☐ YES		□ YES		
NAME (DESCRIPTION ASSESSMENT)			ADDRIVOS (TOURISTIAS CTATE ONLY)			JUVENILE:			
NAME / BUSINESS / AGENCY: M F ADDRESS: (7)				OWN/CITY&STATE ONLY)			YES	INJURED:	
						AGE:		□NO	
NAME / BUSINESS / AGENCY:			RESS: (TOWN/CIT			NILE:	INJURED:		
5			(10/////			YES	YES NO		
						AG	E:	□NO	
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS- IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)									
NAME: \( \times M \( \superset F \) DOB: ADDRESS:									
Smith, Kurt W 7/4/65 207 Bennet Pond Rd, Canterbury							- 70/2		
CHARGES: COURT:				BOND:	□ SURETY		INJURE		
1.Forgery 3rd Degree, 13 COUNTS G				☐ CASH ☑ NON-SURE		AMBULANO			
2.			MOUNT S: 5000						
3. TOWN: New Londo			New London	☐ TO BE PRESENTED AT COURT HOSPITAL:					
4.			15/2005	☐ TRANS TO DEPT OF CORRECTIONS			5 @:		
21.11.00		DATE: 8							
NAME:		M 🗆 F	DOB:	ADDRESS:					
CHARGES:		COURT:	Ş.,	BOND:			INJURE	D-	
1.		GA:	*	☐ CASH	SURETY		☐ YES		
2.			☐ NON-SURE						
3.	TOWN:			AMOUNT S:			☐ YES ☐ NO HOSPITAL:		
4.				☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTIONS @:					
**	DATE:								
NAME:		M 🗆 F	DOB:	ADDRESS:					
1									
CHARGES:		COURT:		BOND:	☐ SURETY		INJURE		
1.9	GA:			□ NON-SURETY □ WPTA			☐ YES ☐ NO AMBULANCE:		
2.		TOWN		AMOUNT S:			☐ YES	☐ NO	
3.		TOWN:		☐ TO BE PRESENTED AT COURT HOSPITAL:				AL:	
4.		DATE:			☐ TRANS TO DEPT OF CORRECTIONS @:				
NAME:		M D F	DOB:	ADDRESS:				-	
CHARGES:		COURT:		BOND:			INJURE		
1.		GA:		☐ CASH ☐ NON-SURE	SURETY  WPTA			NO NO	
2.					II WEIA		AMBUL YES	NO NO	
3.		TOWN:			AMOUNT S:  TO BE PRESENTED AT COURT			HOSPITAL:	
4.		D			DEPT OF CORRECTION	NS @:			
		DATE:	Soll		110			11-	
SUPERVISOR'S A	PPROVAL REQUIRED:	INITIA	LS: / (g//	ID#:	// / D	ATE: 5	19/05 07	22/05	
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS.  FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.									
PHONE: 860-685-8230 FAX: 860-685-8301 TO BE									